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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 10/069495	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/	/	/	/		
2	/	/	/	/	/		
3	2		/	/	/		
4	2		/	/	/		
5	1		/	/	/		
6	0	0	/	/	/		
7	0	0	/	/	/		
8	0	1	/	/	/		
9	0	0	/	/	/		
10	0	0	/	/	/		
11	0	0	/	/	/		
12	0	0	/	/	/		
13	0	0	/	/	/		
14	0	0	/	/	/		
15	0	0	/	/	/		
16	0	0	/	/	/		
17	0	0	/	/	/		
18	0	0	/	/	/		
19	0	0	/	/	/		
20	0	0	/	/	/		
21	0	0	/	/	/		
22	0	1	/	/	/		
23	/	/	/	/	/		
24	/	/	/	/	/		
25	/	/	/	/	/		
26	2		/	/	/		
27	2		/	/	/		
28	0	0	/	/	/		
29	0	0	/	/	/		
30	0	0	/	/	/		
31	0	0	/	/	/		
32	/	/	/	/	/		
33	/	/	/	/	/		
34	0	0	/	/	/		
35	0	0	/	/	/		
36	0	0	/	/	/		
37	0	0	/	/	/		
38	0	0	/	/	/		
39	0	0	/	/	/		
40	0	0	/	/	/		
41	/	/	/	/	/		
42	0	1	/	/	/		
43	0	0	/	/	/		
44	0	0	/	/	/		
45	0	0	/	/	/		
46	0	0	/	/	/		
47	0	0	/	/	/		
48	0	0	/	/	/		
49	0	0	/	/	/		
50	0	0	/	/	/		
	9		10				
	45		39				
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							